

**MAYTAG.**

**Melody Evans**  
Sr. Environmental Specialist  
Amana Refrigeration Products

Maytag Appliances  
2800 220<sup>th</sup> Trail  
Amana, IA 52204  
Tel: 319-622-2632  
Fax: 319-622-2333

12/1  
REC'D

MAR 28 2004

RESP

March 25, 2004

EPA Region 7 – ARTD/RESP  
901 N. 5<sup>th</sup> Street  
Kansas City, KS 66101

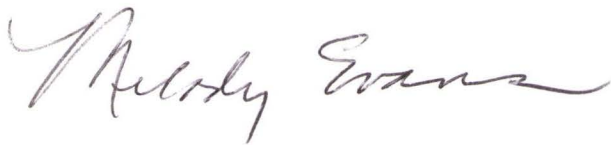
Correction/Modification to Site Verification Report

Dear Sir:

Please note the corrections and modifications to the attached Hazardous Waste Site Info Verification Report.

If you have any questions regarding this information please contact me.

Sincerely,



Melody Evans  
Sr. Environmental Specialist

RCRIS data entered

by

Czyzner

on

04/01/04

432328



RCRA RECORDS

## Hazardous Waste Site Info Verification Report March 22, 2004

The information summarized below has been entered into EPA's RCRA Computer Data Base for the location and EPA RCRA Identification Number listed. If any of this information is inaccurate or changed, you may notify us by writing to us, telephoning us, completing a RCRA Subtitle C Site Identification Form (any of EPA Forms 8700- 12, 13A/B, or 23), or simply marking any changes on this report and sending it to the address below. Please return this form ONLY to notify us of changes or errors. Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call (913)551-7020.

EPA Region 7 - ARTD/RESP  
901 N 5th Street  
Kansas City, KS 66101

EPA RCRA ID Number: IAD000610436

Name of Company/Site: MAYTAG APPLIANCES - AMANA REFRIGERATION

Location of Site: 2800 220TH TRAIL  
MIDDLE AMANA, IA 52204  
IOWA County

Land Type: Private

NAICS: 335222 - Household Refrigerator and Home Freezer Manufactur

Mailing Address: PO BOX 8901  
AMANA, IA 52204

Site Contact: RON CORBETT  
Phone Number: (319)622-2897  
Address: PO BOX 8901  
AMANA, IA 52204

Current Owner of Site: MAYTAG CORPORATION  
Phone Number: (641)792-7000  
Owner Type: Private

Current Operator of Site: MAYTAG APPLIANCE - AMANA <sup>Refrigeration Products</sup> ~~PRODUCT DIV~~  
Operator Type: Private

TYPE(S) OF REGULATED ACTIVITY: ~~Federal Large Quantity Generator~~ Small quantity generator

Hazardous Wastes Handled:	D001	D002	D003	D005	D007	D008	D009
	D018	D022	D035	D039	D040	F001	F002

**CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S):** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Ron Corbett  
Signature

Ron Corbett Facility Mgr  
Name and Official Title(Print)

March 25, 2004  
Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

## Hazardous Waste Site Info Verification Report *March 22, 2004*

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Certified by Notification on 03/17/03 by  
RON CORBETT, MGR FACILITIES 03/11/03

**CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S):** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*Ron Corbett*

Signature

*RON CORBETT FACILITY MGR*

Name and Official Title(Print)

*March 25, 2004*

Date Signed

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